Case Number:	CM13-0006698		
Date Assigned:	03/07/2014	**Date of Injury:**	02/10/2003
Decision Date:	05/12/2014	**UR Denial Date:**	07/16/2013
Priority:	Standard	**Application Received:**	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic low back pain, neck pain, leg pain, radiculitis and sacroiliitis reportedly associated with an industrial injury of September 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; antiemetics; topical agents; and extensive periods of time off of work. In a Utilization Review Report of July 16, 2013, the claims administrator denied a request for morphine, Lidoderm, and Compazine. Somewhat incongruously, the utilization reviewer wrote that the applicant was demonstrating improved function with opioids, but nevertheless suggested partial certification, the applicant' attorney subsequently appealed. A December 5, 2013 progress note is notable for comments that the applicant reports persistent pain, 6/10 pain without medication and 9/10 pain with medications. The applicant also reports issues with abnormal gait, numbness, tingling, and weakness. The applicant states that she is performing home exercises as instructed by her therapist. She reports SI joint pain. She is able to do some basic household activities of daily living and chores. She states that she is more stable and less emotionally labile with medications. She states that her quality of is improved as a result of medication usage. The applicant is on Topamax, Colace, Senna, Ativan, Lunesta, Flexeril, immediate release Motrin, MS Contin, Lidoderm, Compazine, Prilosec and Atarax, it was stated. A topical compounded agent was endorsed. The applicant was asked to pursue SI joint injections and cervical epidural steroid injections while remaining off of work. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIDODERM 5% PATCH 700MG/PATCH, #60, REFILLS: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for Lidoderm patches is not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are recommended in the treatment of neuropathic pain in applicants in whom there has been a trial of first-line therapy with anticonvulsants and/or antidepressants. In this case, however, the attending provider has posited that the applicant is using Topamax, an anticonvulsant medication, for neuropathic pain, effectively obviating the need for Lidoderm patches. Therefore, the proposed Lidoderm patches are not certified, on Independent Medical Review.

COMPAZINE 10MG TAB, #20, REFILLS: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prochlorperazine (http://www.ncbi.nlm.nih.gov/pubmedhealth/pmht0011850/?report=details).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food And Drug Administration, Compazine Medication Guide.

Decision rationale: The request for Compazine, an antiemetic and antipsychotic medication, is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), indications for usage of Compazine include control of severe nausea and vomiting, treatment of schizophrenia, and treatment of generalized nonpsychotic anxiety. In this case, however, the attending provider has not provided any rationale for usage of Compazine. There is no evidence of issues with severe nausea or vomiting, schizophrenia, or nonpsychotic anxiety documented on any recent progress note. Therefore, the request for Compazine is not certified, on Independent Medical Review.

MORPHINE SULFAE IR 15MG TAB, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for morphine sulfate immediate release 15 mg, conversely, is medically necessary, medically appropriate, and indicated here. Morphine sulfate is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the attending provider has seemingly posited, on several occasions, that the applicant's pain levels have reduced from 9/10 to 6/10 as a result of ongoing medication usage. The attending provider has also stated that the usage of medications has facilitated and ameliorated the applicant's ability to perform nonwork activities of daily living, including household chores, moving around the home, doing home exercises, etc. On balance, then two of three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request is certified.